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A Public Document

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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
BEASON	NATHAN	H.	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
			OPTIONAL E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

BOARD OF SUPERVISORS

Division, Board, District, if applicable:

DISTRICT I

Your Position:

COUNTY SUPERVISOR

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached list.

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of Nevada

☐ City of

☐ Multi-County

☐ Other

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: / /

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is / /, through December 31, 2009.

☐ Leaving Office Date Left: / / (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is / /, through the date of leaving office.

☐ Candidate Election Year: / /

4. Schedule Summary

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

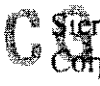
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

Signature

Nathan H. Beason
Statement of Economic Interests
Expanded Statement 2009

Agency:	Position:	Multi-Counties
Area 4 Agency on Aging Governing Board	Member	Nevada, Placer, Sacramento, Sierra, Sutter, Yolo & Yuba
California Rural Home Mortgage Finance Authority (RCRC)	Alternate Delegate	See attached listing.
Local Agency Formation Commission	Commissioner	Nevada, parts of Placer, Yuba & Sierra
Nevada County Finance Authority	Alternate	
Nevada County Sanitation District No. 1	Director	
Transit Services Commission	Member	
Transportation Commission	Member	
Leaving Office:		
 Sierra Economic Development Corporation	Alternate	El Dorado, Sierra, Placer & Nevada
Sierra Planning Organization Board	Alternate	El Dorado, Sierra, Placer & Nevada

FORM 700 Statement of Economic Interests for Calendar Year 2009
List of Agencies and Member Counties

NEVADA

<u>Agency</u>	<u>Position</u>
CRHMFA Homebuyers Fund	Alternate
Environmental Services Joint Powers Authority	
California Rural Home Mortgage Finance Corp.	Alternate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	San Luis Obispo County
Imperial County	Shasta County
Inyo County	Sierra County
Lake County	Siskiyou County
Lassen County	Sutter County
Madera County	Tehama County
Mariposa County	Trinity County
Merced County	Tuolumne County

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Nathan H. Beason

► NAME OF SOURCE
 REGIONAL COUNCIL OF RURAL COUNTIES
 ADDRESS (Business Address Acceptable)
 801 12TH STREET, #600, SAC. CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 LEGISLATIVE SERVICES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 09	\$ 237.04	2 Meals
/ / 09	\$ 15.55	1 Meal
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____